

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90056 040 ***158.75

DOCUMENT # P02000031987



1. Entity Name
E & C DEVELOPMENT, INC.

Principal Place of Business
PO BOX 4619
KEY WEST FL 33041

Mailing Address
PO BOX 4619
KEY WEST FL 33041

2. Principal Place of Business
PO BOX 460639
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 460639
Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL
Zip
33316-0639
Country
USA

City & State
FORT LAUDERDALE, FL
Zip
33316-0639
Country
USA

4. FEI Number
72-1194021

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

ROSENBERG, CHRISTIAN F
1406 SOUTH STREET
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2100 S OCEAN DRIVE
#9J SKY HARBOUR EAST
City
FORT LAUDERDALE FL
Zip Code
33316

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
D ☐ **Delete**
NAME
ROSENBERG, CHRISTIAN F
STREET ADDRESS
1406 SOUTH STREET
CITY-ST-ZIP
KEY WEST FL 33040

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DPTS ☒ **Change** ☐ **Addition**
NAME
PO BOX 460639
STREET ADDRESS
CITY-ST-ZIP
FORT LAUDERDALE, FL 33316

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CHRISTIAN F. ROSENBERG
PRESIDENT
4/16/03 305-923-6907
Date **Daytime Phone #**

CR2E034 (10/02)